

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

15290

FILED MAY 8 1944

Registration District No. 238

Primary Registration District No. 5818

Registrar's No.

21

## 1. PLACE OF DEATH:

- (a) County MORGAN MOOREAU  
(b) City or town RURAL - VERSAILLES, MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community  
years, months or days) 11 yrs3. (a) PRINT FULL NAME WILLIAM M. EDSON WOODCOCK3. (b) If veteran,  
name war3. (c) Social Security  
No.4. Sex MALE 5. Color or  
face W6. (a) Single, widowed, married,  
divorced 1917 MARRIED6. (b) Name of husband or wife  
ROBERTA P. GORRET6. (c) Age of husband or wife if  
alive 57 years7. Birth date of deceased OCT 23<sup>rd</sup> 1877  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
66 6 19 hr. min.9. Birthplace MIAMI CO KANSAS  
(City, town, or county) (State or foreign country)10. Usual occupation FARMER11. Industry or business FARMING12. Name ALLAN WOODCOCK  
13. Birthplace OHIO  
(City, town, or county) (State or foreign country)14. Maiden name SARAH A. CRAWFORD15. Birthplace OHIO  
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Ruby M. Miller(b) Address 910 S. EMERY - INDEPENDENCE17. (a) RURAL (b) Date thereof 4-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation VERSAILLES, MO18. (a) Signature of funeral director W. F. Radwell(b) Address Versailles Mo.19. (a) 4-13-1944 (b) Ray Berckstrom  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County MORGAN  
(c) City or town RURAL VERSAILLES, MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 MILES E. OF VERSAILLES  
(If rural, give location) NO  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country —

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 12  
year 1944 hour 3 minute 15 A. M.21. I hereby certify that I attended the deceased from  
Apr 11, 1944 to Apr 12, 1944  
that I last saw him alive on Apr 11, 1944  
and that death occurred on the date and hour stated above.Immediate cause of death Lobar pneumonia Duration 2 days

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations

Of autopsy

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature A. J. Gunn (M. D. or other)  
Address Versailles, Mo. Date signed 4-13-44

RECEIVED

District Health Officer No. 7,

District File Number 7-44-603

Date Filed 5-6-44

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*J. F. H. H. H.*

Licensed Embalmer No.

1596

P. O. Address

*Hessville, Pa.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.